FEE TRANSMITTAL FOR FY 2009  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (8) 180.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 02-2448  Deposit Account Name Birch, Stewart, Kolasoh & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to. (check all that apply)  Charge fee(e) indicated below Charge fee(e) indicated below Charge any additional fee(s) or underpayments of fee(s)  Charge fee(e) indicated below Charge fee(e) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for fee(s) indicated below, except	Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control nu											
FEE TRANSMITTAL For FY 2009  Applicant claims email entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 180.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order Nome Other (please identify):  Deposit Account Deposit Account Number, 02-2448  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, oxcept for the filing fee  Check Credit Card Money Order Nome Other (please identify):  Charge fee(s) indicated below, oxcept for the filing fee  Charge fee(s) indicated below, oxcept for the filing fee  Charge fee(s) indicated below, oxcept for the filing fee  Charge fee(s) indicated below, oxcept for the filing fee  Charge fee(s) indicated below, oxcept for the filing fee  Charge fee(s) indicated below, oxcept for the filing fee  Charge fee(s) indicated below, oxcept for the filing fee  Charge fee(s) indicated below, oxcept for the filing fee  Charge fee(s) for fee(s) Charge fee(s) indicated below, oxcept for the filing fee  Charge fee(s) indicated below oxcept for the filing fee  Charge fee(s) for fee(s) Charge fee(s) indicated below, oxcept for the filing fee  Charge fee(s) for fee(s) Charge fee(s) Indicated below, oxcept for the filing fee  Charge fee(s) Fee(	Fees pursuant to	4818).	Complete if Known									
FOR FY 2009  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 180.00  Attumey Docket No. 1422-0720PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (pleas ideatify):  Deposit Account Deposit Account Number, 02-2448  Deposit Account Name, Blirch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Wanning: Torrandiation and additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCUATION  1. BASIC FILING FEES  FILING FEES  SEARCH FEES  Seal Entity  Application Type Fee (s)					_ '					Conf. No.: 4937		
Applicant claims small entity status. See 37 CFR 1.27   Examiner Name   E. Peselev										····		
Applicant claims small entity status. See 37 CFR 1.27   Art Unit   1623						First Named Inventor Ta		Takeo YO	KAWA			
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity status   See 27 CED 1 27					Examiner Name E. Pe		E. Pesele	<b>v</b>			
METHOD OF PAYMENT (check all that apply)  □ Check □ Credit Card □ Money Order □ None □ Other (please identify): □ Deposit Account Deposit Account Number: 02-2448 □ Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayments of fee(s) □ Credit any overpayments  WARNING: Information on this form may become public. Credit card Information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (S) F						Art Unit 1623						
Check Credit Card Money Order Nome Other (please identify):    Deposit Account Deposit Account Number: 02-2448 Deposit Account Name. Birch. Stewart, Kolasch & Birch, LLP   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Cardia any overpayments of the property of the filling fee of the filling fee of the property of the filling fee of the filling fee of the property of the filling fee of the filling fee of the property of the filling fee	TOTAL AMOUN		Attorney Docket No. 1422-			DPUS1						
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Charge any additional fee(s)   V   Credit any overpayments   V   Chedit any overpayments   V   Chedit and one of the form any become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION												
WARNING: Information and information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION												
Information and authorization on PTO-2038.   FEE CALCULATION	under 37 CFR 1.16 and 1.17											
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Provisional 220 110 0 0 0 0 0 0.00  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each claim over 20 (including Reissues) Each claim over 3 (including Reissues) Each independent claims Fee (\$) Fee (\$) Fee (\$) Each independent claims Fee (\$) Fee (\$) Multiple Dependent Claims  Total Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Other (e.g., late filing surcharge): Submission of Information Disclosure Statement  Registration No. 42874 Telephone 703-205-8000								_				
2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (including Reissues)  Each claim over 20 (including Reissues)  Each claim over 3 (including Reissues)  Multiple dependent claim over 3 (including Reissues)  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  -3 or HP = 0 x = 0.00  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  -3 or HP = 0 x = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Cound up to a whole number) x = 0.00  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): Submission of Information Disclosure Statement  Registration No. 42874  Telephone 703-205-8000				_					_			
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Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  - 20 or HP = 0 x = 0.00  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  - 3 or HP = 0 x = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = 0 / 50 = 0 (round up to a whole number) x = Fee (\$) Fee Paid (\$)  0.00  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Submission of Information Disclosure Statement  Registration No. (Altomey/Agent)  Registration No. (Altomey/Agent)  Telephone 703-205-8000												
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Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Pee Paid (\$)	Each independent claim over 3 (including Reissues)											
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NAME OF THE OWNER OF A SUBSTITUTE OF A SUBSTIT		Craig A McRobbi	<u> </u>		(At	torney/Agent)	··			FEB. 2 5 2011		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.